Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| vereby revoke all previous powers of   | attomey given in the applicat  | tion identified in the                | attached state  | ment under                   |
|--|--|---------------------------------------|---|------------------------------|
| CFR 3.73(b).   |  |                                       |   |                              |
| nereby appoint:  |  | ·                                     |   |                              |
| Practitioners associated with the Custome  | r Number: 29159  |                                       |   |                              |
|  |  |                                       |   | _                            |
| OR Practitioner(s) named below (if more than   | ten patent practitioners are to be no  | amed, then a customer n               | umber must be u   |                              |
| Name   | Registration   |                                       |   | Registration<br>Number       |
|  |  |                                       |   |                              |
|  |  |                                       |   |                              |
|  |  |                                       |   |                              |
|  |  |                                       | · · · · · · · · · · · · · · · · · · ·                             |                              |
|  |  |                                       |   |                              |
| s attorney(s) or agent(s) to represent the unde  | A Albad Older De   | Hant and Trademark Off                | ce (USPTO) in co  | nnection with                |
| s attorney(s) or agent(s) to represent the under<br>my and all patent applications assigned only to<br>ttached to this form in accordance with 37 CFF<br>lease change the correspondence address for | 3.73(b).   |                                       |   |                              |
| The address associated with Custom   |  |                                       |   | <u> </u>                     |
| OR Firm or   |  |                                       |   |                              |
| Address  |  |                                       |   |                              |
|  | State  |                                       | Zip   |                              |
| City   |  |                                       |   |                              |
| Country  |  | Email                                 |   |                              |
| Telephone  |  |                                       |   |                              |
| Assignee Name and Address:   |  |                                       |   |                              |
| IGT  |  |                                       |   |                              |
| 9295 Prototype Drive   |  |                                       |   |                              |
| Reno, Hevada 89521  A copy of this form, together with a st  |  | (Form PTO/SB/96 o                     | r equivalent) is  | required to t                |
| Hiad in each approaudit to within the  | terra annathtad practitions  | ir le authorized to bo                | ) may be comp<br>t on behalf of t                                 | leted by one<br>he assignee, |
| the practitioners appointed in this for  | MICH THE FUNEL OF CHAINS   |                                       |   |                              |
| the practitioners appointed in unanal and must identify the application in w   | ALAMAN IN E AL Analonas A  | of Record                             |   |                              |
| the practitioners appointed in unanal and must identify the application in w   | SIGNATURE of Assignee of Assig | of Record<br>authorized to act on bei | alf of the assigne  | •                            |
| The individual whose sign  | \$IGNATURE of Assignee (<br>sture and title is supplied below is   | of Record  authorized to act on bei   |   |                              |
| the practitioners appointed in unanal and must identify the application in w   | SIGNATURE of Assignee of Assig | authorized to act on bei              | ualf of the assignation   1 \ C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                              |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is in Re (and by the USPTO to process) an application. Confiderinality is governed by 35 U.S.C. 122 and 37 CFR 1.31 and 1.44. This selection is estimated to take 3 minutes by the USPTO to process) an application. Confiderinality is governed by 35 U.S.C. 122 and 37 CFR 1.31 and 1.44. This selection is estimated to take 3 minutes to complete, including generating, preparing, and submitting the completed application form to the USPTO. These will very depending upon the information Officer, to complete, including generating, preparing, and submitting the complete dependence for reducing this burden, checkly be sent to the Chief information Officer, comments on the amount of time you require to complete this form and/or support on the complete t